



CITY OF BUFFALO - BUSINESS LICENSE APPLICATION

65 Niagara Sq. City Hall Room 301 Buffalo, NY 14202
Phone (715) 851-4078 Fax (716) 851/4952

REQUIRED COPIES of DOCUMENTATION with BUSINESS LICENSE APPLICATION

- ☐ **Copy of** current **Government Issued Photo Identification**
(i.e. Driver's License or Green Card)
- ☐ **Copy of** current **Utility Bill** listing applicant's home address
(*not required for personal license, i.e., taxi driver, peddler, etc.*)
- ☐ **Copy of** **New York State Tax ID Certificate** *or* **Social Security Number**
(*not required for personal license, i.e., taxi driver, peddler, etc.*)
- ☐ **Copy of** **DBA (Business Certificate)** *or* **Corporate Filing Receipt**
(*not required for personal license, i.e., taxi driver, peddler, etc.*)
- ☐ **Copy of** **Proof of Ownership of Property (Deed)** for **Business** location
or a Commercial Lease Agreement
(*not required for personal license, i.e., taxi driver, peddler, etc.*)
- ☐ **Submit a Police Record Check for**

Auctioneer
Collection Agency
Arcade
Public Dance Hall
Restaurant Dance
Landscape/Snow Removal
Tow Tuck
Taxi Cab Driver

Second Hand Dealer
Scrap Processor
Tire Handler
Used Car Dealer
Pawn Broker
Lodging House
Lodging House Agent
Flee Market

- ☐ **Complete Application Form**
- ☐ **Complete New License Affidavit**
- ☐ **Submit Required Documentation with Fee**
- ☐ **Sign Council Notification Form**



CITY OF BUFFALO

PERMIT & INSPECTION SERVICES

OFFICE OF LICENSES

BYRON W. BROWN
Mayor

JAMES COMERFORD, Jr.
Commissioner

65 Niagara Square 301 City Hall, Buffalo, NY 14202
(716) 851-4078 FAX (716) 851-4952 www.city-buffalo.com

HOUSING COURT VIOLATION LICENSE APPLICATION AFFIDAVIT

I, _____ have submitted a License Application(s)
(print applicant name)

with the City of Buffalo's Office of Licenses at: _____
(business location)

I am applying for the following license types: _____

By signing this affidavit, I do hereby attest to the fact that neither I nor any partners and/or corporate officers of this business entity have any existing and/or pending City of Buffalo Housing Court proceedings against the property listed above nor any other properties owned in the City of Buffalo. I further understand that if, for any reason, the Office of Licenses finds this information to be inaccurate; that the City of Buffalo reserves the right to deny the issuance of any and all City of Buffalo Licenses requested to operate this business entity.

NEW LICENSE APPLICATION AFFIDAVIT

I am aware that it is a violation of city ordinances to operate my business establishment without all required licenses, and that I must not open and/or operate my business establishment until said time that all the required licenses have been issued. I further understand, that if for any reason, the Office of Licenses deems my business establishment to have been open and/or operated prior to the issuance of all required city licenses, that this shall constitute a violation of city ordinances and said violation shall be cause to deny the issuance of any and all city licenses required to operate my business establishment.

Subscribed and sworn before me this
_____ day of _____ 20 ____

Applicant Signature

Commissioner of Deeds in and for the City of Buffalo

Date _____

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All information on this form is public record

LODGING HOUSE LICENSE APPLICATION

COMMON COUNCIL REQUIRED

Lodging House Address _____, Buffalo NY _____
Number, Street ZIP

Business Name: _____

Number of Rooming Units _____ Total Number of Beds _____ Total Number of Beds Applied for _____
Number of Rooms _____ Number of persons occupying each Rooming Unit _____

Name of Applicant _____ Home Phone # _____

Applicant Address _____
(NO PO Boxes) Number, Street City, town or Village State ZIP

Applicant Date of Birth _____ Place of Birth _____

NYS Tax ID # _____ Business Website _____ E-Mail _____

ADDITIONAL REQUIREMENT

As per Chapter 269-2(B) of the City Ordinances, **no license will be issued unless the owner OR the agent of the property resides on the premises of the lodging house.**

Check one:

- ☐ I, the owner, reside on the premises of the above lodging house address.
☐ _____ is the Lodging House Agent residing at the lodging house.

Fees

0-10 beds ... \$100.00
11-25 beds ... \$150.00
over 25 beds.... \$150.00 + \$2.50
for each additional bed

I am aware of the obligation to provide timely notice of any change in required information, and I have informed all owners, managers, or other principals of their criminal and/or civic responsibility for the timely fulfillment of restrictions and conditions to the license or timely abatement of any nuisance activity at or associated with the business.

I certify the information on this form is true, correct, complete and current to the best of my knowledge and belief.

Subscribed an sworn to before me
this ____ day of _____ 20 ____

Commissioner of Deeds

Signature of Applicant _____

Print Name _____

Date _____